

Designation/Change of Beneficiary

NAME OF INSURED	POLICY NUMBER(S)		IBER(S)
Designation of Beneficiary		_	
Change in Named Beneficiary			
Change to Beneficiary Address only			
If changing a named beneficiary: I hereby revoke any previous beneficiary designation and election of			
settlement option and request that the proceeds be paid in one lump sum to the beneficiary or			
beneficiaries named below in the manner indicated: NAMES OF BENEFICIARIES			
Primary Beneficiary	First Contingent F		Second Contingent Beneficiary
Name	Name	j	Name
Address	Address		Address
Relationship	Relationship		Relationship
Date of Birth	Date of Birth		Date of Birth
Company shall make payment to them, if living, share and share alike, or to the survivors or survivor of them. The provisions below are part of this designation. IMPORTANT INSTRUCTIONS 1. If the policyowner lives in either Arizona, California, Idaho, Washington, Louisiana, Nevada, Texas, New Mexico, or Wisconsin, because of the Community Property Laws of these states, this request should also be signed by wife, or husband, if such signature can be secured. If wife or husband is deceased, please show this information.			
MY PRESENT MAILING ADDRESS IS			
SIGNATURE OF INSURED		DATE SIGNED	
SIGNATURE OF WITNESS		DATE SIGNED	
SIGNATURE OF SPOUSE (if Applicable)		DATE SIGNED	
Recorded at the Home Office of Assurant Health			
(Date)		(Recorder)	
SPECIAL PROVISIONS If the policy form is a Dependents Plan of Life Insurance, benefits will be paid to the Insured. If the Insured is not living, the benefits will be paid to the Insured's estate.			

Mail to: Assurant Health

501 W. Michigan Street

P.O. Box 624

complete details concerning the desired designation. Please retain a copy of this document for your records.

Milwaukee, WI 53201-0624

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company. Form 29694 (10/2007)

SPECIAL INSTRUCTIONS

If the intended beneficiary is to be a trustee or a creditor, please include a copy of those documents. If a special and/or complicated beneficiary designation is desired, contact the Home Office and provide